

REIFF, DANIEL VS OFFICER BROC SETTY ET AL

1:23-CV-10513

IN THE UNITED STATES DISTRICT COURT EASTERN DISTRICT, NORTHERN DIVISION

REQUESTOR: PETER W. PEACOCK ESQ.

(PEACOCK LAW, P.C.)

NAME ON RECORD: DANIEL D. REIFF

A/K/A:

DEPONENT: HOOVER PRIMARY CARE MEDICAL GROUP

TREATED BY: DR. FARAH SALEM

FILE #:

FURNISHING: RECORDS

CONTENTS/MEDIA: RECORDS - DIGITAL (1)

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CERTIFICATION STATEMENT

TO: ATTN: MEDICAL RECORDS HOOVER PRIMARY CARE MEDICAL GROUP	M. A
28111 HOOVER 9D. STE. SA WARREN MI 48093	
RDS JOBN: 189054-3	
QUEDATE: NOVEMBER 8, 2023	
CASE NAME: SEE ATTACHED SUBPOENA FOR COMPI	LETE CASE CAPTION.
case number: 1:23-CV-20513 Name on Record: DANIEL DAVID REIFF	
TREATED BY: DR. FARAH SALEM	
100% 189034 3 G-16 11-08-2023	USE ADDRESS LANGL PROVIDED
RECORDS DEPOSITION SERVICE, INC.	AX 10: 248.357.8337
P.O. BOX 5054	CALLER VA. DEALINETT SARETON CALL
SOUTHFIELD, MI 48086-5054	S EMAR TO: REQUESTS BRECDEP COM
Both oblighted about the Both of the Both	(A) UPLOAD AT WWW.RECDEP.COM
IMPORTA PLEASE SIGN AND RETURN WITH THE REQUESTED INFORMATI	
BY SIGNING BELOW, I HEREBY CERTIFY THAT ALL REQUESTS	FED ON THE ATTACHED SUBPOENA AND IS NOT IN YOUR
POSSESSION, PLEASE CHECK THE APPROPRIATE B	(08(ES) BELOW, STATE THE REASON AND SIGN BELOW.
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POSSESSION, PLEASE CHECK THE APPROPRIATE B NOT AVAILABLE PLEASE PROVIDE REAS RECORDS BILLINGS RADIOLOGICAL IMAGES	OX(ES) BELOW, STATE THE REASON AND SIGN BELOW.
POSSESSION, PLEASE CHECK THE APPROPRIATE B NOT AVAILABLE PLEASE PROVIDE REAS RECORDS BILLINGS RADIOLOGICAL IMAGES	OX(ES) BELOW, STATE THE REASON AND SIGN BELOW.

RDS FORMS - O 1924

REIFF, DANIEL, M,

28111 Hoover Rd. Suite 5A, Warren, MI-480934153,
2866-578-9606

Patient Vaccine Administration Record

**Record Processing Control of the Control of Control

REIFF, DANIEL DOB:

(35 yo M) Acc No. 13886 DOS: 08/16/2023

SARAK SRIEM, MILI Disease Medicine

REIFF, DANIEL

(insa)

08/36/2023

Progress Notes: FARAH K SALEM, MU

Current Madications

Taking

- Lisinopril 20 MG Tablet 1 tablet Orally twice
- Famotidine 40 MG Tablet 1 tablet as needed Orally Once a day
- Pantoprazole Sodium 40 MG Tablet Delayed Release 1 tablet Orally Once a day Sucralfate 1 GM Tablet 1 tablet on an
- empty stomach Orally Twice a day Methadone HCl to MG Tablet as directed Orally Once a day, Notes to
- Pharmacist: pt taking 125 mg · Ondansetron HCl 4 MG Tablet 1 tablet
- as needed Orally Once a day Senna-Docusate Sodium 8.6-50 MG
- Tablet 2 tablet in the evening as needed Orally Once a day
- hydrOXYzine HCl 10 MG Tablet 1
- tablet Orally Once a day
 cloNIDine HCl o.1 MG Tablet 1 tablet Orally twice a day
- SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day
- Mirtazapine 15 MG Tablet 1 tablet at bedtime Orally Once a day
- Ergocalciferol 50000 UNIT Capsule 1 capsule Orally ONCE/WK
- Furosemide 20 MG Tablet 1 tablet Orally Once a day

Not-Taking

- Amoxicillin 875 MG Tablet 1 tablet Orally Twice a day
- Gabapentin 400 MG Capsule 1 capsule Orally Once a day Medication List reviewed and reconciled

with the patient

Past Medical History

Hypertension. Anxiety. Depression. Bipolar disorder. Legally blinf. Kidney problems.

Surgical History

ocular removal 4-2-2021 reconstructive surgery (skull) 6/2021 Reseas for Appointment

1.4 month f/u

Refill for lisinopril (states been out of Rx for couple days)

History of Propont Hiseaa

Constitutional:

Denies : Dizziness. Denies : Fever. Denies: SOB. Denies : chest pain. Denies : vomiting.

Denies: Abdominal Pain. Denies: Frequent Urination. Denies : Ankle or Leg Swelling.

Denies : cough. Denies : diarrhea. Denies: constipation.

Denies: fever. Denies : Myalgia. Denies: HA.

Vital Signs

HR: 88 /min, BP: 152/103 mm Hg, Wt: 209 lbs, BMI: 29.99 Index, Ht-cm: 177.8 cm, Oxygen sat: 100 %, Ht: 5'10", Wt-kg: 94.8 kg.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cvanosis, or edema.

Progress Note: FARAH K.SALEM, MB | 68/15/maig

(35 yo M) Acc No. 13886 DOS: 08/16/2023

Fasterially Mississery
Father: alive, heart disease and auxiety, diagnosed with Hypertension
Mother: alive, diagnosed with
Hypertension
2 sister(s) - healthy, 2 son(s) - healthy.

Social History Tobacco Use: Tobacco Use/Smoking

Are you a former smoker How long has it been since you last smoked? < 1 month

Allergies N.K.D.A.

Stoopitalization/Major Diagnostic Presentare No Hospitalization History.

Review of Systems the 14 points ROS were all negative else than what mentioned in HPI. NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Assessments

- 1. Accelerated essential hypertension I10 (Primary)
- 2. Snoring Ro6.83
- 3. Elevated liver enzymes R74.8
- 4. Abnormal EKG R94.31
- 5. BMI 29.0-29.9, adult Z68.29
- 6. Non compliance with medical treatment Z91.199
- 7. Encounter for medication refill Z76.0
- 8. Liver cyst K76.89
- 9. Vitamin D deficiency E55.9

Tromining

1. Accelerated essential hypertension

Refill Lisinopril Tablet, 20 MG, 1 tablet, Orally, twice, 90 days, 180, Refills 0 Refill hydrOXYzine HCl Tablet, 25 MG, 1 tablet, Orally, q 12 hrs, 30 days, 60, Refills 3

Start Metoprolol Succinate Capsule ER 24 Hour Sprinkle, 25 MG, 1 capsule, Orally, Once a day, 90 days, 90 Capsule, Refills 1

IMAGING: Echocardiogram

2. Snoring

Referral To: Mihai Iliesiu Sleep Medicine Reason:

3. Abnormal EKG

IMAGING: Echocardiogram

4. BMI 29.0-29.9, adult

Notes: Counseled patient on commitment to dietary restriction, weight management, and increasing activity level. Patient was counseled on increasing their exercise. Discussed moderate exercise including walking. Discussed the importance of diet and weight management on their physical, mental, and emotional health. Healthy lifestyle discussed with patient, including diet, vitamin supplement, exercise, non-smoking, safe sexual practices and reduction of stress. Assessment and plan reviewed with patient. Diet and exercise reviewed with patient

5. Encounter for medication refill

Notes: All meds, refills given.

6. Others

Notes: Pt is here today for his 4 month f/u.

Patient's blood pressures is high today, will adjust medications, d/w pt and pt agreed, we reviewed all his meds and he takes the Lasix as needed. I will adjust the dose of pts Hydroxyzine to 25mg and I will also add low dose Coreg.

Pt did have his mother through facetime and she reported pt has been having more panic attacks due to his anxiety, which is why I adjusted pts hydroxyzine

All patient previous labs and diagnostic imaging were reviewed by me in details, pt is still anemic and all other bloodwork ran by Dr. Tayeb in MAY 2023 was stable.

Progress Nator FARAH K.SALEM, MB 68/16/2013

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(35 yo M) Acc No. 13886 DOS: 08/16/2023

No SOB or chest pain, no lower extremity swelling, no abdominal pain when pressure is applied.

I am also rechecking pts blood pressure in office.

I will also refer pt to sleep medicine for a sleep study and order pt a ECHO

Before I change pts medications I will recheck pts bloodwork, giving pt script.

Clinical Notes: Patient's blood pressures is high today, will adjust medications, d/w pt and pt agreed Counseled patient on commitment to dietary restriction, weight management, and increasing activity level. Patient was counseled on increasing their exercise. Discussed moderate exercise including walking. Discussed the importance of diet and weight management on their physical, mental, and emotional health. all patient previous labs and diagnostic imaging were reviewed by me in details Time spent with patient direct care on the day of visit including counseling, education and care, including assessment, discussion and treatment, reviewing all recent labs and radiology and medical records personally, and coordinating care with staff was 50 mins

This dictation was prepared using Dragon Medical voice recognition software. As a result, errors may occur. When identified, these transcriptional errors have been corrected. While every attempt is made to correct errors during dictation, errors may still exist

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Fallow Up 4m, ECHO, sleep ref, bloodwork script

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Sign off status: Pending

Salem Medical FC aStit Hoover Rd.

Progress Nator FARAH K.SALEM, MB 68/16/2013

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REIFF, DANIEL DOB: (35 yo M) Acc No. 13886 DOS: 08/16/2023

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Wasnes, MI 480054453
Tob. 586-578-0806
Fax: 566-578-0806

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REIFF, DANIEL DOB:

[34 yo M) Acc No. 13886



Salem Medical PC

2811 Hoover Rd. Subs 5A Warren Mr 480934153 Ph: 586-578-9806 Fax:586-578-9806

		Tobacco	Control			
Name: DANIEL REIFF. Date: 08/16/2023				8.17		
Are you a						
Corrent smoker						
✓ former smoker						
Tronsnicker						
Courrent every day smoker						
Current some day smoker						
Smoker current status unknown						
Turknown i ever smoked						
light tobacco smcker				X		
heavy tobacco smoker						
Uses tobacco in other forms						
If 'former smoker' : How long has	s it been since you last sm	icked?				
V <1 month						
1-3 months						
T3-6 months						
1 6-12 months						
1-5 years				All second		
				in de la company		
T > 10 years						
Additional Findings: Tobacco User						
Chain smoker						
Chews fine out tobacco						
Chews loose leaf tobacco						
Chews plug tobacco						
Chews tobacco						E 1

REIFF, DANIEL BOB: 23-cv-10513-151M-KGA Fale CF No. 13886 Boc, Name: 10bacco Control 2023-8-16 10:499 10 of 51 This Progress Notes documentation is IN PROGRESS

REIFF, DANIEL DOB:

[34 yo M) Acc No. 13886

Chevis twist tobacco				e (13)			
Heavy digarette smoker (20-39 digs/day)							
Light cigarette smoker ((1-9 cigs/day)							
Moderate digarette smoker (10-19 digs/day)							
Pipe smoker							
i Rolls own eigareties							
Sruff user			XV				
Trivial digarette smoker (less than one digarette/day)							
User of maist powdered tobacco							
TVery heavy cigarette smoker (40+ cigs/day)							
Additional Findings: Tobacco Non-User			158223				
T Aggressive non-stroker							
Current non-smoker			 				= 1
Current non-smoker, but past smoking history unknown					142.00		
Does not use moist powdered tobacco							
TEx-cigar smoker							
Ex-cigarette smoker							
Ex-cigarette smoker amount unknown							
Ex-heavy olgarette smoker (26-30/day)							
Ex-light digarette smoker (1-9/day)							
Ex-moderate cigarette smoker (*C-19/day)							
Ex-pipe smoker							2
Ex-trivial cigarette smoker (<1/day)							
Ex-user of moist powdered tobacco							
Ex-very heavy cigarette smoker (40+xday)	3.0						
Intoterant ex-smoker							
Intolerant non-smoker							
Never chewed tobacco							
Never used maist powdered tobacco							
Non-smoker for medical reasons							
Non-smoker for personal reasons							
Non-smoker for religious reasons							
Tolerantex-smoker							

REIFF, DANIE 2006: 23-cv-10513-151W-KGA FOE CFT No. 13886 Boc, Name: Tobacco Control 2023-8-16 10:49: 11 of 51 This Progress Notes documentation is IN PROGRESS

REIFF, DANIEL DOB:

(34 yo M) Acc No. 13886

Tolerant non-smoker

Powerful By Minimized Works LLC.

REIFF, DANIEL DOB:

REIFF, DANIEL DOB:

(35 yo M) Acc No. 13886 DOS: 04/03/2023

FERENCIER, MS Liveral Resource

Roser Privates Dates Medical Shalp

Trace (Host Commission)

REIFF, DANIEL

04/03/2023

Progress Notes: FARAH K SALEM, MID

Current Medications

Taking

- Famotidine 40 MG Tablet 1 tablet as needed Orally Once a day
- Pantoprazole Sodium 40 MG Tablet
 Delayed Release 1 tablet Orally Once a day
- Sucralfate i GM Tablet i tablet on an empty stomach Orally Twice a day
- Methadone HCl to MG Tablet as directed Orally Once a day, Notes to Pharmacist: pt takes 135 mg liquid form
- Furosemide 20 MG Tablet 1 tablet
 Orally Once a day
- Lisinopril 20 MG Tablet 1 tablet Orally twice a day
- Ondansetron HCl 4 MG Tablet 1 tablet as needed Orally Once a day
- hydrOXYzine HCl 10 MG Tablet 1 tablet Orally Once a day
- Ergocalciferol 50000 UNIT Capsule 1 capsule Orally ONCE/WK
- cloNIDine HCl o.1 MG Tablet 1 tablet
 Orally twice a day
- Mirtazapine 15 MG Tablet 1 tablet at hedtime Orally Once a day
- SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day
- Senna-Docusate Sodium 8.6-50 MG Tablet 2 tablet in the evening as needed Orally Once a day

Not-Taking

- Amoxicillin 875 MG Tablet 1 tablet Orally Twice a day
- Gabapentin 400 MG Capsule 1 capsule Orally Once a day
 Medication List reviewed and reconciled.

Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension. Auxiety. Depression. Bipolar disorder. Legally blinf. Kidney problems.

Surgical History

ocular removal 4-2-2021 reconstructive surgery (skull) 6/2021 Reseas for Appointment 1.3 month f/u

History of Procent Illnood

Constitutional:

Denies : Dizziness.
Denies : Fever.
Denies : SOB.
Denies : chest pain.
Denies : Abdominal Pain.
Denies : Frequent Urination.
Denies : Ankle or Leg Swelling.

Denies : cough. Denies : diarrhea. Denies : constipation.

Denies: fever.

angia ianv

HR: **64** /min, BP: 356/109 mm Hg, Wt: **206** lbs, BMI: 29.35 Index, Ht-cm: 177.8 cm, Oxygen sat: **97** %, Ht: 5'10", Wt-kg: 93.44 kg.

Engineering

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Ansessments

Progress Note: FARAH K SALEM. MD 04/03/2023

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(35 yo M) Acc No. 13886 DOS: 04/03/2023

Family History Father: alive, heart disease and auxiety, diagnosed with Hypertension Mother: alive, diagnosed with Hypertension 2 sister(s) - healthy. 2 son(s) - healthy.

Social History Tobacco Use: Tobacco Use/Smoking Are you a current smoker How often do you smoke cigarettes? everu dau How many cigarettes a day do you smoke? 6-10

zeigralik N.K.D.A.

Hospitalization/Major Diageostic Procedure No Hospitalization History.

Review of Systems All Other Systems: Review of Systems (ROS) All others negative except those mentioned in HPI.

1. Cognitive dysfunction - Foo (Primary) 2. BMI 29.0-29.9, adult - Z68.29

3. Acquired absence of eye - Z90.01, left

- 4. Polysubstance (including opioids) dependence with physiol dependence -F19.20
- 5. Tattoo of skin L81.8
- 6. Accelerated essential hypertension I10
- 7. Anxiety F41.9
- 8. Leg swelling M79.89
- 9. Non compliance with medical treatment Z91.199
- Elevated alkaline phosphatase level R74.8

Treatment

1. Cognitive dysfunction

Stop Lisinopril Tablet, 20 MG, 1 tablet, Orally, twice a day Start Losartan Potassium Tablet, 100 MG, 1 tablet, Orally, Once a day, 90 days, 90 Tablet, Refills o

2. Others

Notes: Patient is here for follow-up also he needs a few refills. Patient stated he is going through some issues and he has been feeling very anxious as he is supposed to go to court to fight against some problem he had with the police in the past couple years and this resulted him in having absence of his left eye ball. . Patient first time mentioning this to me and he never brought this up neither him nor his family. And also his mom at the bedside requesting referral to 2 doctors one of them is a neuropsychiatric referral to chart check for any cognitive dysfunction and also for a neurologist.

We will provide him with those referrals.

Patient continues to be noncompliant today he did not take his lisinopril as blood pressure is very high he stated he is so nervous he thinks this blood pressure medication lisinopril causing her to be swollen. I did warn him against him stopping any medication without letting us know.

He continues to see a psych counseling and he continues to take methadone and other medication that is provided by the addiction medicine.

For his high blood pressure we will stop lisinopril and add losartan and patient was encouraged to check his blood pressure on daily basis at home.

Also I did review his a previous of blood work that was done at a different facility.

Today we will get EKG to rule out any possible QT prolongation.

Patient was counseled extensively against any polysubstance abuse and not to take any medication does not prescribed and was counseled extensively about using opioids.

Fragress Note: FARAH K SALEM. MD 04/03/2023

(35 yo M) Acc No. 13886 DOS: 04/03/2023

Patient also was counseled against any alcohol abuse or dependence.

Patient's blood pressures is high today, will adjust medications, d/w pt and pt agreed.

Counseled patient on commitment to dietary restriction, weight management, and increasing activity level.

Patient was counseled on increasing their exercise. Discussed moderate exercise including walking. Discussed the importance of diet and weight management on their physical, mental, and emotional health. all patient previous labs and diagnostic imaging were reviewed by me in

details.

Patient was counseled extensively regarding opioid use, its side effects, and risk and benefits, and addiction potential. Patient understood. Patient was also instructed that my office will be checking monthly MAPs report for his pain medications use and patient understands that they should not get their pain medications from different physician as they signed the pain

agreement.

Patient is noncompliant with medical management and follow-up patient understand the consequences when she does not follow medical advice is include medication and doctors follow-up

Clinical Notes: Time spent with patient direct care on the day of visit including counseling, education and care, including assessment, discussion and treatment, reviewing all recent labs and radiology and medical records personally, and coordinating care with staff was 60 mins

%rocodera Codea 96160 PT-FOCUSED HLTH RISK ASSMT G8427 DOC MEDS VERIFIED W/PT OR RE G8417 BMI >=30 CALCUATE W/FOLLOWUP 93000 -ELECTROCARDIOGRAM, COMPLETE

Follow Up 4 Months, 2 referals



Electronically signed by FARAH SALEM , M.D. on 13/02/2023 at ourgo PM EFF

Sign off status: Fonding

Progress Note: FARAH K SALEM, MD 04/03/2023

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Progress Note: FARAH K SALEM, MD 04/03/2023

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REIFF, DANIEL DOB:

(35 yo M) Acc No. 13886 DOS: 01/03/2023



REIFF, DANIEL

03/93/2023

Progress Notes: FARAH K SALEM, MID

Current Madications

Taking

- Methadone HCl 10 MG Tablet as directed Orally Once a day, Notes to Pharmacist: pt takes 135 mg liquid form
- Ondansetron HCl 4 MG Tablet 1 tablet Orally Once a day
- Senna-Docusate Sodium 8.6-50 MG Tablet 2 tablet in the evening as needed Orally Once a day
- SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day
- Ergocalciferol 50000 UNIT Capsule 1 capsule Orally ONCE/WK
- hydrOXYzine HCl 10 MG Tablet 1 tablet Orally Once a day
- cloNIDine HCl 0.1 MG Tablet 1 tablet Orally twice a day, Notes to Pharmacist: dc coreg
- Mirtazapine 15 MG Tablet 1 tablet at bedtime Orally Once a day
- Furosemide 20 MG Tablet i tablet Orally Once a day
- Lisinopril 20 MG Tablet 1 tablet Orally
 twice a day

Not-Taking

- Amoxicillin 875 MG Tablet 1 tablet
 Orally Twice a day
- Gabapentin 400 MG Capsule 1 capsule Orally Once a day Medication List reviewed and reconciled

with the patient

Fast Medical History

Hypertension. Anxiety. Depression. Bipolar disorder. Legally blinf. Kidney problems.

Surpical History

ocular removal 4-2-2021 reconstructive surgery (skull) 6/2021

Pannily History

Father: alive, heart disease and anxiety, diagnosed with Hypertension

Resson for Appointment 1. 4 month f/u

History of Procent Illnood

Depression Screening:

PHQ-2 (2015 Edition)

Little interest or pleasure in doing things? Not at all Feeling down, depressed, or hopeless? Not at all Total Score o

Constitutional:

Denies: Dizziness.
Denies: Fever.
Denies: SOB.
Denies: chest pain.
Denies: Abdominal Pain.
Denies: Frequent Urination.
Denies: Ankle or Leg Swelling.
Denies: cough.

Denies : cough.
Denies : diarrhea.
Denies : constipation.
Denies : fever.

Vital Signs

HR: 66 /min, BP: 145/101 mm Hg, Wt: 198 lbs, BMI: 28.41 Index, Ht-cm: 177.8 cm, Oxygen sat: 96 %, Ht: 5'10", Wt-kg: 89.81 kg.

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General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well tourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no marmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

Progress Note: FARAH K.SALEM, MB - 61/63/maig

THE RESIDENCE OF A SECRETARY OF SAME SECTION OF THE PROPERTY O

Mother: alive, diagnosed with Hypertension 2 sister(s) - healthy, 2 son(s) - healthy.

Social History Tobacco Use: Tobacco Use/Smoking Are you a current smoker How often do you smoke cigarettes? everu đau How many cigarettes a day do you smoke? 6-10 Drugs/Alcohol: Alcohol Screen (Audit-C) Did you have a drink containing alcohol

soigratifa.

N.K.D.A.

in the past year? No Points o

Hospitalization/Major Diagnostic Procedure No Hospitalization History.

Interpretation Negative

Review of Systems All Other Systems: Review of Systems (ROS) All

others negative except those mentioned in HPI.

(35 yo M) Acc No. 13886 DOS: 01/03/2023

EXTREMITIES: no clubbing, cyanosis, or edema. NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Ambomberents

- 1. Accelerated essential hypertension I10 (Primary)
- 2. BMI 28.0-28.9,adult Z68.28
- 3. Depression screening Z13.31
- 4. Alcohol screening Z13.39
- 5. Anxiety F41.9
- Alcohol dependence in remission F10.21
- 7. History of hepatitis C Z86.19, s/p treatment
- 8. Dental infection Ko4.7

Tronsing 2008

1. Accelerated essential hypertension

Notes: Patient states blood pressure is high because he is in pain from his dentures as he has problem with his gown and dentures trying to get to have his dentist and his appointment not until few more weeks

2. Alcohol dependence in remission

Notes: Patient stated he is not drinking anymore and he is fully aware of all the side effect and adverse effect of alcohol on his body

3. History of hepatitis C

Notes: was seen by GI recently and was told his kep c was eradicated with treatment and i reviewed all blood work, liver enzymes all back to normal

4. Dental infection

Refill Amoxicillin Tablet, 875 MG, 1 tablet, Orally, Twice a day, 7 days, 14 Tablet, Refills o

Notes: We will start the patient on antibiotics till seen by his dentist

5. Others

Notes: Patient's blood pressures are mildly elevated. Recommend to continue with same medication(s) at the present time, but will monitor closely and if persistently elevated I will further increase the medication(s). patient was counseled on dealing with stress. Patient denies suicidal ideation and if anxiety start interfering with daily life activities, will need to refer to psych or start meds.

Counseled patient on commitment to dietary restriction, weight management, and increasing activity level.

Patient was counseled on increasing their exercise. Discussed moderate exercise including walking. Discussed the importance of diet and weight management on their physical, mental, and emotional health.

all patient previous labs and diagnostic imaging were reviewed by me in

Patient was counseled extensively regarding all the opioid adverse reaction that he is taking and addiction patient continued to receive methadone from methadone clinic

Clinical Notes: Time spent with patient direct care on the day of visit including counseling, education and care, including assessment, discussion

Progress Note: FARAH K.SALEM, MB 60/63/2003

and treatment, reviewing all recent labs and radiology and medical records personally, and coordinating care with staff was 50 mins

Freedure Codes
G0444 ANNUAL DEPRESSION SCREENING 15 MIN
99408 Alcohol and Substance Abuse screening
Fellow Up
3 Months

Liketronically signed by PARAH SALEM, M.D. on 11/02/2023 at
02:50 PM EST
Sign off status: Pending

Salem Medical PC 28111 Hoover Rd. Suite 9A Warres, M1 480934183 Tol: 586-578-9806 Fax: 566-578-9806

Progress Note: FARAH K SALEM, MD - 04/03/2023

Жове итот в выс от объестью измень 1520 до 3 добра в селено больной беспесия из

REIFF, DANIEL DOB:

34 yo M) Acc No. 13886



Salem Medical PC

28111 Hoover Rd. Suite SA Warren MI 480934153

Ph: 586-576-9606 Fax:586-578-9806

	Dep	ression Screening PHQ2	(2015 Edition)	and the second	
Name: DANIEL REIFF Over the past 2 weeks, he	Date: 01/03/2023 ow often have you been bothered by	any of the following problems:			
Little interest or pleas	ure in doing things?				
✓ Notatal					
Several days					
More than half the day	ys				
Nearly every day					
Declined to specify:					
Feeling down, depress	ed, or hopeless?	9860		100000	
♥ Not at all					
Several days					
More than half the da	ys				
Nearly every day					
Declined to specify					
			1	otal Score 0	
interpretation					
Scare Prob	ability of major depressive disord (%)	er Probability of any depressive disorde	r-{%)		
1	15.4	36.9			
2	21.1	48.3			
3	38.4	75.0			
4	45.5	Q 144			
5	56.4	84.6			
6	78.6	92.9			
hadan na na kata ka mara ka ma					
Interpretation of Total	ocore				

REIFF, DANIE 25-2:23-cv-10513-151W-KGA CERCE 1988 46-3, Pade Ph 2003 F Ledich 09/13/241- Page 30 of 51

This Progress Notes accumentation is IN PROGRESS

"0=Declined to Specify

"2=More than half the days:

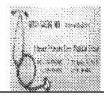
" 0=Not at all " 1=Several days REIFF, DANIEL DOB: (34 yo M) Acc No. 13886

Source: Adapted from materials prepared by: Spitzer RL, Kroenke K, Williams JB, et al. (10 November 1999), "Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study", JAMA, 282 (18): 1737-44, doi:10.1001/jama.282.18.1737 and Kroenke K, Spitzer RL, Williams JB, The Patient Health Questionnaire-2: Validity of a Two-litern Depression Screener, Medical Care 2003, (41) 1284-1294

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REIFF, DANIEL DOB:

[34 yo M) Acc No. 13886



Salem Medical PC

28111 Hoover Rd. Suite 64 Warren MI 480934153 Ph: 586-576-9606 Fax:586-578-9806

ALCO	HOL MIS	USE/ABUS	E (AU	DIT C)			
	. Salding.	3000		i i i i i i i i i i i i i i i i i i i	 3000 Military	300000	a a sa
Name: DANIEL REIFF Gender: male Date: 01/03/2023				8. X . 7			XI.
Did you have a drink containing alcohol in the past year?							
T Yes							
₽ No							
							Points 0
Interpretation							
Positive							
V Negative							
						AN 1 10 10 10 10 10 10 10 10 10 10 10 10 1	

Interpretation

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use).

- . In men, a score of 4 or more is considered positive.
- In women, a score of 3 or more is considered positive.

Source: Adapted from materials prepared by: Bush K, Kihlavan DR, McConell MB, Fihn SD, Bradley KA. The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. Arch Intern Med 1998;158(16):1789-1795.

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REIFF, DANIEL DOB:

(35 yo M) Acc No. 13886 DOS: 08/23/2022

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REIFF, DANIEL

08/23/2022

Progress Notes: FARAH K SALEM, MID

Current Medications

Taking

 SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day

Methadone HCl 10 MG Tablet as

 Methadone HCl 10 MG Tablet as directed Orally Once a day, Notes to Pharmacist: pt takes 165 mg

 hydrOXYzine HCl 10 MG Tablet 1 tablet Orally Once a day

 Mirtazapine 15 MG Tablet 1 tablet at bedtime Orally Once a day

 Senna-Docusate Sodium 8.6-50 MG Tablet 2 tablet in the evening as needed Orally Once a day

 Ondansetron HCl 4 MG Tablet 1 tablet Orally Once a day

 Lisinopril 20 MG Tablet 1 tablet Orally twice a day

 cloNIDine HCl o.1 MG Tablet 1 tablet
 Orally twice a day, Notes to Pharmacist: dc coreg

 Furosemide 20 MG Tablet i tablet Orally Once a day

 Ergocalciferol 50000 UNIT Capsule 1 capsule Orally ONCE/WK

Not-Taking

Amoxicillin 875 MG Tablet 1 tablet
 Orally Twice a day

 Gabapentin 400 MG Capsule 1 capsule Orally Once a day Medication List reviewed and reconciled with the patient

Past Medical Mistory

Hypertension. Anxiety. Depression. Bipolar disorder. Legally blinf. Kidney problems.

Surpical History

ocular removal 4-2-2021 reconstructive surgery (skull) 6/2021

Pannily History

Father: alive, heart disease and anxiety, diagnosed with Hypertension

Resson for Appointment

1.3 month f/u

2. Discuss increasing dosage of ondansetron

3. Seroquel, and hydroxyzin refill

History of Present Illness

Constitutional:

Denies : Dizziness. Denies : Fever. Denies : SOB.

Denies : chest pain. Denies : vomiting.

Denies : Abdominal Pain. Denies : Frequent Urination. Denies : Ankle or Leg Swelling.

Denies : cough.
Denies : diarrhea.
Denies : constipation.
Denies : fever.

Vital Signs

HR: 65 /min, BP: 137/83 mm Hg, Wt: 189 lbs, BMI: 27.32 Index, Ht-cm: 177.8 cm, Oxygen sat: 95 %, Ht: 5'10", Wt-kg: 85.73 kg.

Masmination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

Progress Note: FARAN K SALEM, MD | 68/23/2022

THE RESIDENCE OF A SECRETARY OF SAME SECTION OF THE PROPERTY O

(35 yo M) Acc No. 13886 DOS: 08/23/2022

Mother: alive, diagnosed with Hypertension 2 sister(s) - healthy, 2 son(s) - healthy.

Social History Tobacco Use: Tobacco Use/Smoking Are you a current smoker How often do you smoke cigarettes? everu đau How many cigarettes a day do you smoke? 6-10

allergion N.K.D.A.

Nospitalization/Major Diagnostic Procedure No Hospitalization History.

Review of Systems All Other Systems:

Review of Systems (ROS) All others negative except those mentioned in HPI.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Assossments

- 1. Medication refill Z76.0 (Primary)
- 2. BMI 27.0-27.9, adult Z68.27
- 3. Anxiety F41.9
- 4. Elevated liver enzymes R74.8
- 5. Hepatitis Cantibody test positive R76.8
- Alcohol dependence with unspecified alcohol-induced disorder F10.29
- 7. Polysubstance (excluding opioids) dependence F19.20

Treatment

1. BMI 27.0-27.9, adult

Refill SEROquel Tablet, 25 MG, 1 tablet at bedtime, Orally, Once a day, 30 days, 30, Refills 2

Refill Ondansetron HCl Tablet, 4 MG, 1 tablet, Orally, Once a day, 30 days, 30 Tablet, Refills 2

Refill hydrOXYzine HCl Tablet, 10 MG, 1 tablet, Orally, Once a day, 30 days, 30, Refills 2

2. Others

Notes: Patient is here for follow-up he claims he is had to quit alcohol drinking for the past 20 days and he has been following up with GI and he was recently started on some medication for acid reflux. Patient also needs refill on his medication he is stating he wants to use Zofran more than once a day explained to him because he has a risk of QT prolongation and side effect I cannot give it to him more than once a day specially with the rest of his medication he also needs a refill on his Seroquel and I did do EKG when his a QT was within normal limits and I did order him blood work including his BMP and magnesium level that he needs to get it done and I encouraged him to follow-up with a psychiatrist. Patient was given prescription for blood work and I will consult with him extensively regarding the risk of opioid dependence and use that he has been using the methadone. Patient is very high risk for complication and and other problem because of his polysubstance abuse

Prognosis is guarded for this patient

Patient was counseled extensively against alcohol use and patient was counseled extensively regarding alcohol cessation information were given for AA program and patient was encouraged to follow-up with psych for help and counseling. Patient understands very well the risk of her continue to drink alcohol on her health.

Patient's blood pressures are well controlled. Recommend continue with same medication(s).

Counseled patient on commitment to dietary restriction, weight

management, and increasing activity level.

Patient was counseled on increasing their exercise. Discussed moderate exercise including walking. Discussed the importance of diet and weight management on their physical, mental, and emotional health. Patient is at high risk of stroke, heart attack, and sudden cardiac death.

Patient is aware. all patient previous labs and diagnostic imaging were reviewed by me in details.

Progress Note: FARAH K SALEM. MD - 68/23/2002

(35 yo M) Acc No. 13886 DOS: 08/23/2022

Patient was counseled extensively regarding opioid use, its side effects, and risk and benefits, and addiction potential. Patient understood. Patient was also instructed that my office will be checking monthly MAPs report for his pain medications use and patient understands that they should not get their pain medications from different physician as they signed the pain agreement.

Patient is noncompliant with medical management and follow-up patient understand the consequences when she does not follow medical advice is include medication and doctors follow-up

Clinical Notes: Time spent with patient on counseling, education and care, including assessment, discussion and treatment, reviewing all recent labs and radiology and medical records personally, and coordinating care with staff was 50 mins.

© SOCRETION COMES

G8427 DOC MEDS VERIFIED W/PT OR RE
G8752 MOST RECENT SYSTOLIC BP < 140MM HG
G8754 MOST RECENT DIASTOLIC BP < 90MM HG
93000 -ELECTROCARDIOGRAM, COMPLETE

Follow Up 4 Months

Electronically signed by FARAH SALEM , M.D. on 11/02/2023 at ozeno PM EDT

Sign off status: Pending

Salem Medical PC ultis Hoover Rd. Saltu 3A Warren, Mi 480934183 Tel: 386-378-4606 Fax: 386-378-4806

Progress Note: FARAH K SALEM, MU 68/23/2022

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(35 yo M) Acc No. 13886 DOS: 05/26/2022

SARAK SRIEM, MILI Disease Medicine

REIFF, DANIEL

03/26/2022

Progress Notes: FARAH K SALEM, MU

Current Madications

Taking

SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day

- Methadone HCl 10 MG Tablet as directed Orally Once a day, Notes to Pharmacist: pt takes 165 mg
- hydrOXYzine HCl 10 MG Tablet as directed Orally
- Mirtazapine 15 MG Tablet 1 tablet at bedtime Orally Once a day
- Senna-Docusate Sodium 8.6-50 MG Tablet 2 tablet in the evening as needed Orally Once a day
- cloNIDine HCl o.1 MG Tablet 1 tablet Orally bid , Notes to Pharmacist: dc coreg
 • Ergocalciferol 50000 UNIT Capsule 1
- capsule Orally ONCE/WK

 Furosemide 20 MG Tablet 1 tablet Orally Once a day
- Amoxicillin 875 MG Tablet 1 tablet Orally Twice a day
- Ondansetron HCl 4 MG Tablet 1 tablet Orally Once a day
- Lisinopril 20 MG Tablet 1 tablet Orally twice a day

Not-Taking

Gabapentin 400 MG Capsule 1 capsule Orally Once a day

Resson for Appointment

1. Teeth infection

Examination

General Examination:

Inspection, patient looks comfortable, speaks in full sentences No tachypnea

No Rash

Mood and Behavior appropriate

No signs of distress No wheezing heard

no Audible congestion in voice

No coughing on the phone mildely swollen gum.

nimananananan

- Tooth infection Ko 4.7
- 2. Mouth pain K13.79

1.20 # 5385 # 16.2

1. Tooth infection

Refill Amoxicillin Tablet, 875 MG, 1 tablet, Orally, Twice a day, 14 days, 28 Tablet, Refills o

2. Others

Notes: Patient is here for teeth infection he had asked for antibiotic prescription because he has been having recurrent tooth infection and gum infection and he cannot make it to see his dentist till another month he tried his best he had this issue before and I had prescribed an antibiotic and helped him a lot I did discuss with him and his mom the plan and he is agreeable to

Clinical Notes: Patient today was informed that this is a televisit that we are implementing secondary to the emergency situation with COVID-19 and restriction for physical face-to-face visit to decrease exposure for both patient and staff safety.

Patient agreed and verbalized understanding and gave verbal consent for today's visit.

Televisit was consulted using doximity HIPPA complaint communication. A telehealth visit was conducted over a synchronous audio video communication with the patient.

Time spent with patient was 20 mins including chart review, orders, and

Progress Note: FARAH K SALEM, MD - 03/25/2022

documentation. Patient was instructed if symptoms worsen or getting any SOB or chest pains, should go to the ED immediately.
Electronically signed by FARAH SALEM, M.D. on 11/02/2023 at 02:30 PM EIF
Sign off status: Pending

Salem Medical FC
abisi Hower Rd. Sate aA
Warren Mi akongara
Tel: 586-578-9506
Pax: 386-378-3806

Progress Note: FARAH K.SALEM, MD | 65/26/2628

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(35 yo M) Acc No. 13886 DOS: 05/02/2022

SARAK SRIEM, MILI Disease Medicine

REIFF, DANIEL

03/02/2022

Progress Notes: FARAH K SALEM, MU

Current Madications

Taking

- SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day
- Methadone HCl 10 MG Tablet as directed Orally Once a day, Notes to Pharmacist: pt takes 165 mg
- hydrOXYzine HCl 10 MG Tablet as directed Orally
- Mirtazapine 15 MG Tablet 1 tablet at bedtime Orally Once a day
- Senna-Docusate Sodium 8.6-50 MG Tablet 2 tablet in the evening as needed Orally Once a day
- Lisinopril 20 MG Tablet 1 tablet Orally twice a day
- cloNIDine HCl 0.1 MG Tablet 1 tablet
 Orally bid , Notes to Pharmacist: dc coreg
 Ergocalciferol 50000 UNIT Capsule 1
- capsule Orally ONCE/WK

 Furesemide 20 MG Tablet 1 tablet

Orally Once a day

- Amoxicillin 875 MG Tablet 1 tablet Orally Twice a day
- Ondansetron HCI 4 MG Tablet 1 tablet Orally Once a day Not-Taking
- Gabapentin 400 MG Capsule 1 capsule Orally Once a day

Reseas for Appointment 1. Fill out medical needs form

History of Prosent Illeges

Constitutional:

33 year old male presents with c/o Anxiety.

c/o Fatigue. Denies: headache.

Denies: Body Pain. Denies: Dizziness. Denies: Fever.

acide and the acide

General Examination:

Inspection, patient looks comfortable, speaks in full sentences

No tachypnea

No Rash

Mood and Behavior appropriate

No signs of distress

No wheezing heard

no Audible congestion in voice

No coughing on the phone.

Assessments

- Need for assistance with personal care Z74.1 (Primary)
- 2. Accelerated essential hypertension I10
- 3. Anxiety F41.9
- Depression, unspecified depression type F32.A
- Elevated liver enzymes R74.8
- Hepatitis C antibody test positive R76.8
- Alcohol dependence with unspecified alcohol-induced disorder F10.29

2.4位位置超级超级数

1. Others

Notes: Patient presented for the medical need for as because of his continuous care and follow-up with multiple consultant and psychiatrist and psychotherapist and the need with alcohol dependence and severe anxiety and depression and elevated liver enzymes someone needs to take him to the appointment and be with him to help him with all the instruction and driving to accompany him to the appointments also patient needs care and help with his daily ADLs refilled all the medical need for with the

Progress Note: FARAH K SALEM, MD - 69/62/2002

(35 yo M) Acc No. 13886 DOS: 05/02/2022

help of the mother as the mother cannot be at home and available for the patient at all times for all this need and he will need a caregiver that she will need to help him with his ADLs and medical appointments and we did fill the form and will fax it to the mother

Clinical Notes: Patient today was informed that this is a televisit that we are implementing secondary to the emergency situation with COVID-19 and restriction for physical face-to-face visit to decrease exposure for both patient and staff safety.

Patient agreed and verbalized understanding and gave verbal consent for today's visit.

Televisit was consulted using doximity HIPPA complaint communication. A telehealth visit was conducted over a synchronous audio video communication with the patient.

Time spent with patient was 20 mins including chart review, orders, and documentation.

Patient was instructed if symptoms worsen or getting any SOB or chest pains, should go to the ED immediately.



Electronically signed by FARAH SALEM, M.D. on 11/02/2023 at 0250 PM REF

Sign off status: Pending

Salem Medical PC 28111 Hoover Rd. 6uite gA Warres, MI 480934152 Tel: 386-578-9806 Fax: 386-578-9806

Progress Note: FARAH K SALEM, MD 05/62/2022

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(35 yo M) Acc No. 13886 DOS: 04/20/2022



REIFF, DANIEL

04/20/2022

Progress Notes: FARAH K SALEM, MID

Current Medications

Taking

 SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day

 Methadone HCl 10 MG Tablet as directed Orally Once a day , Notes to Pharmacist: pt takes 165 mg

 hydrOXYzine HCl 10 MG Tablet as directed Orally

 Mirtazapine 15 MG Tablet 1 tablet at bedtime Orally Once a day

 Senna-Docusate Sodium 8.6-50 MG Tablet 2 tablet in the evening as needed Orally Once a day

 Ondansetron HCl 4 MG Tablet 1 tablet Orally Once a day

Lisinopril 20 MG Tablet 1 tablet Orally

twice a day

• cloNIDine HCl 0.1 MG Tablet 1 tablet

Orally bid , Notes to Pharmacist: dc coreg • Ergocalciferol 50000 UNIT Capsule 1

capsule Orally ONCE/WK

Forosemide 20 MG Tablet 1 tablet
Orally Once a day

Not-Taking

 Gabapentin 400 MG Capsule 1 capsule Orally Once a day Medication List reviewed and reconciled with the patient

Past Monical History

Hypertension. Anxiety. Depression. Bipolar disorder. Legally blinf. Kidney problems.

Samical History

ocular removal 4-2-2021 reconstructive surgery (skull) 6/2021

Family History

Father: alive, heart disease and anxiety, diagnosed with Hypertension Mother: alive, diagnosed with Hypertension 2 sister(s) - healthy, 2 son(s) - healthy.

Resson for Appointment

1. 4 weeks f/n

2. Ondansetrone refill

3. Amoxicillin for swollen gum

History of Present Illness

Constitutional:

Denies : Dizziness. Denies : Fever. Denies : SOB.

Denies : chest pain. Denies : vomiting.

Denies : Abdominal Pain. Denies : Frequent Urination. Denies : Ankle or Leg Swelling.

Denies : cough. Denies : diarrhea.

Denies: constipation.

Denies : fever.

Vital Signs

HR: 60 /min, BP: 123/83 mm Hg, Wt: 202 lbs, BMI: 28.98 Index, Ht-cm: 177.8 cm, Oxygen sat: 98 %, Ht: 5'10", Wt-kg: 91.63 kg.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

Progress Note: FARAH K SALEM, MD - 04/80/2022

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(35 yo M) Acc No. 13886 DOS: 04/20/2022

Social History

<u>Tobacco Use:</u> Tobacco Use/Smoking

Are you a current smoker How often do you smoke cigarettes?

How many cigarettes a day do you

smoke? 6-20

Allergies

N.K.D.A.

Hospitalization/Major

Dischastic Procedure

No Hospitalization History.

Review of Systems

All Other Systems:

Review of Systems (ROS) All others negative except those mentioned in HPI.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Assessments

- Elevated liver enzymes R74.8 (Primary)
- 2. Anxiety F41.9
- 3. Depression, unspecified depression type F32.A
- 4. Alcohol dependence with unspecified alcohol-induced disorder F10.29
- 5. Medication refill Z76.0
- 6. Lower extremity edema R60.0
- 7. BMI 28.0-28.9,adult Z68.28
- 8. Tooth infection Ko4.7

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1. Elevated liver enzymes

Refill Ondansetron HCl Tablet, 4 MG, 1 tablet, Orally, Once a day, 30 days, 30, Refills 2

2. Tooth infection

Start Amoxicillin Tablet, 875 MG, 1 tablet, Orally, Twice a day, 7 days, 14 Tablet, Refills o

3. Others

Notes:

Patient is here with his mother he is feeling better he did follow-up with gastroenterology and they did some more blood work for him yesterday and he is scheduled to have EGD soon. Patient can need to continue to drink but he is trying to quit. He denied any suicidal ideation. Also he has been having some teeth problems and gum infection with the swelling of his left side of his gums and he cannot make it to see the dentist and he asked for antibiotics. Patient denied any chest pain or shortness of breath he continues to have some lower extremity swelling and I discussed with him regarding cutting down all disorders and nd Gatorade and to cut down his of fluid only to water

Patient was counseled extensively against alcohol use and patient was counseled extensively regarding alcohol cessation information were given for AA program and patient was encouraged to follow-up with psych for help and counseling. Patient understands very well the risk of her continue to drink alcohol on her health.

patient was counseled on dealing with stress. Patient denies suicidal ideation and if anxiety start interfering with daily life activities, will need to refer to psych or start meds.

Counseled patient on commitment to dietary restriction, weight management, and increasing activity level.

Patient was counseled on increasing their exercise. Discussed moderate exercise including walking. Discussed the importance of diet and weight management on their physical, mental, and emotional health.

all patient previous labs and diagnostic imaging were reviewed by me in

Patient is noncompliant with medical management and follow-up patient understand the consequences when she does not follow medical advice is include medication and doctors follow-up.

Clinical Notes: Time spent with patient on counseling, education and care, including assessment, discussion and treatment, reviewing all recent labs

Progress Note: FARAH K SALEM. MD | 04/20/2022

(35 yo M) Acc No. 13886 DOS: 04/20/2022

and radiology and medic staff was 50 mins.	al records personally, and coordinating care with
Fallow Up 3-4 Months	
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Electronically signed 02:50 PM EDT	by FARAH SALEM, M.D. on 11/02/2023 81
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	Salem Medical PC 2B221 Houser Rd. Suite 3A
visiones (in the control of the cont	Warren, MI 380933333 Tel: 386-378-9606 Fax: 386-378-9806

Progress Note: EARAN K SALEM, MD - 04/20/2022

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(35 yo M) Acc No. 13886 DOS: 03/16/2022

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REIFF, DANIEL

03/36/2022

Progress Nows: FARAR & SALESE, MIL

Current Medications

Taking

SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day

- Methadone HCl 10 MG Tablet as directed Orally Once a day, Notes to Pharmacist: pt takes 165 mg
- hydrOXYzine HCl 10 MG Tablet as directed Orally
- Mirtazapine 30 MG Tablet 1 tablet at bedtime Orally Once a day
- Ergocalciferol 50000 UNIT Capsule 1 capsule Orally ONCE/WK
- Lisinopril 20 MG Tablet 1 tablet Orally twice a day
- cloNIDine HCl o.1 MG Tablet 1 tablet Orally bid , Notes to Pharmacist: dc coreg
- Senna-Docusate Sodium 8.6-50 MG Tablet 2 tablet in the evening as needed Orally Once a day
- Ondansetron HCl 4 MG Tablet 1 tablet Orally Once a day

Not-Taking

Gabapentin 400 MG Capsule 1 capsule Orally Once a day Medication List reviewed and reconciled

with the patient

Fast Mosical History

Hypertension. Auxiety. Depression. Bipular disorder. Legally blinf. Kidney problems.

Surgical History

ocular removal 4-2-2021 reconstructive surgery (skull) 6/2021

Family History

Pather: alive, heart disease and anxiety. diagnosed with Hypertension Mother: alive, diagnosed with Hypertension 2 sister(s) - healthy, 2 son(s) - healthy.

Social History

Nassan for Appointment

1. 1 month f/n

2. Not fasting

3. Bilateral legs swelling

4. Refill ondansetron, vitamin d, lisinopril, clonidine

History of Prasest Blacs

Constitutional:

The patient is a 33-year-old male presenting today for a 1-month followup. He was last seen on 02/16/2022. He has a medical history of hypertension, anxiety, depression, and bipolar disorder. He has history of hepatitis C. The patient reports having lower extremity edema. He admits drinking alcohol. He states he is trying to quit drinking. He is requesting for medication refills.

33 year old male presents with c/o Ankle or Leg Swelling.

Denies : Dizziness. Denies: Fever.

Denies : SOB.

Denies : chest pain.

Denies : vomiting.

Denies: Abdominal Pain.

Denies: Frequent Urination.

Denies : cough.

Denies : diarrhea.

Denies : constipation.

Denies : fever.

Viiri Cigns

Temp: 97.0 F, HR: 74 /min, BP: 337/91 mm Hg, Wt: 209 lbs, BMI: 20.39 Index, Ht-cm: 177.8 cm, Oxygen sat: 97 %, Ht: 5'10", Wt-kg: 94.8 kg.

Excession

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

Progress Note: FARAH K SALEM, MID - GE/16/2022

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REIFF, DANIEL DOB:

(35 yo M) Acc No. 13886 DOS: 03/16/2022

Tobacco Use:

Tobacco Use/Smoking
Are you a current smoker
How often do you smoke cigarettes?
every day
How many cigarettes a day do you
smoke? 6-10

Allergies N.K.D.A.

Hospitalization/Major Diagnostic Processre No Hospitalization History.

Mariow of Systems

All Other Systems:

Review of Systems (ROS) The 14-point ROS were all negative else than what mentioned in the HPL.. SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender,

nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

stroreseseA

1. Elevated liver enzymes - R74.8 (Primary)

2. Anxiety - F41.9

3. Elevated alkaline phosphatase level - R74.8

4. BMI 29.0-29.9,adult - Z68.29

5. Lower extremity edema - R60.0

6. Medication refill - Z76.0

7. Alcohol dependence with unspecified alcohol-induced disorder - F10.29

8. Alcohol abuse counseling and surveillance - Z71.41

9. Hepatitis C antibody test positive - R76.8

10. Essential hypertension - I10

Tressessess

1. Elevated liver enzymes

Referral To:Ghiath Tayeb Gastroenterology Reason:

2. Auxiety

Refill Ondansetron HCl Tablet, 4 MG, 1 tablet, Orally, Once a day, 30 days, 30. Refills 0

Refill Lisinopril Tablet, 20 MG, 1 tablet, Orally, twice a day, 90 days, 180, Refills 0

Refill cloNIDine HCl Tablet, 0.1 MG, 1 tablet, Orally, bid, 90 days, 180,

Refills o, Notes to Pharmacist: dc coreg

Refili Ergocalciferol Capsule, 50000 UNIT, 1 capsule, Orally, ONCE/WK, 90 days, 15 CAPSULES, Refilis 0

Start Furosemide Tablet, 20 MG, 1 tablet, Orally, Once a day, 90 days, 90 Tablet, Refills o

3. Hepatitis Cantibody test positive

Referral To:Ghiath Tayeb Gastroenterology Reason:

4. Others

Notes:

Medications reconciled.

-Lab work from 02/2022 was reviewed during the visit, which showed elevated alkaline phosphatase, elevated ALT and AST, elevated iron, elevated TIBC.

-I will prescribe water pill for swelling.

-I will refer him to GI for further management of his liver function.

-For elevated liver enzymes, advised to see a liver specialist as soon as possible.

-Patient was counseled extensively against alcohol use. Discussed that he is damaging his liver. The patient was encouraged to follow-up with psych for

Progress Nate: FARAM K. SALEM, MD - 63/16/2662

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(35 yo M) Acc No. 13886 DOS: 03/16/2022

help and counseling. Patient understands very well the risk of her continue to drink alcohol on her health.

-He has lost a couple of pounds since last visit.

- -His blood pressure today appears to be mildly elevated, continue current medication.
- -Completed blood work today.
- -Provided medication refills.

Clinical Notes:

Time spent with patient on counseling, education and care, including assessment, discussion and treatment, reviewing all recent labs and radiology and medical records personally, and coordinating care with staff was 50 mins.

Scribed for Dr. Farah Salem by G. Bindhiya, Scribe.

I, Dr. Farah Salem, personally performed the services described in this documentation, as scribed in my presence, and it is both accurate and complete.

Proceedure Ceries G8427 DOC MEDS VERIFIED W/PT OR RE

Follow Up 4 Weeks,print GI referral

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Electronically signed by FARAII SALEM , M.D. on 11/02/2023 at 02:50 PM EDF

Sign off status: Pending

Salow Medical PC 28111 Hoover Rd. Salto 5A Warrow, Mi 480434153 Teli 586-578-9806 Fax: 586-578-9806

Progress Note: PARAH K SALEM, MD 03/30/2022

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(35 yo M) Acc No. 13886 DOS: 02/16/2022

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REIFF, DANIEL

04/36/2022

Progress Notes: FARAH K SALEM, MI

Corrent Medications

Taking

- SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day
- Methadone HCl to MG Tablet as directed Orally Once a day , Notes to Pharmacist: pt takes 165 mg
- hydroXYzine HCl 10 MG Tablet as directed Orally
- Mirtazapine 30 MG Tablet i tablet at bedtime Orally Once a day
- Ergocalciferol 50000 UNIT Capsule 1 capsule Orally ONCE/WK
- Coreg 3.125 MG Tablet : tablet with food Orally Twice a day
- Lisinopril 20 MG Tablet 1 tablet Orally twice a day

Not-Taking

 Gabapentin 400 MG Capsule 1 capsule Orally Once a day Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension.
Anxiety.
Depression.
Bipolar disorder.
Legally blinf.
Kidney problems.

Surgical Miniory

ocular removal 4-2-2021 reconstructive surgery (skull) 6/2021

Family Wistory

Father: alive, heart disease and anxiety, diagnosed with Hypertension Mother: alive, diagnosed with Hypertension 2 sister(s) - healthy. 2 son(s) - healthy.

hariat taintary

Tobacco Use:
Tobacco Use/Smoking
Are you a current smoker
How often do you smoke cigarettes?
every day

Resson for Appointment

1. Feel swollen

2. New Rx Propanolol 10 mg Qd given by the psychiatrist wants to check if can start taking

History of French thacks

Constitutional:

Denies : Dizziness. Denies : Fever. Denies : SOB. Denies : chest pain.

Denies : vomiting. Denies : Abdominal Pain.

Denies : Frequent Urination. Denies : Ankle or Leg Swelling.

Denies : cough. Denies : diarrhea. Denies : constipation. Denies : fever.

The patient is a 33-year-old male presenting today for a follow-up. He was last seen on 01/12/2022. He has a medical history of hypertension, anxiety, depression, and bipolar disorder. The patient monitors his blood pressure regularly at home. He is on lisinopril for high blood pressure. The patient mentions that he was started on Propranolol in the recent past by his psychiatrist. The patient reports having swelling in all his extremities. He mentions that he has been gaining weight since starting the methadone. He complains of constipation. Colace does not seem to help with his constipation. He admits drinking alcohol.

Vital Digns

Temp: 97.0 F, HR: 74 /min, BP: 365/337 mm Hg, Wt; 211 lbs, BMI: 36.27 Index, Ht-em: 177.8 cm, Oxygen sat; 100 %, Ht: 5'10", Wt-kg: 95.71 kg.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

Program Note: FARAM K.SALEM, MD Galacymans.

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How many cigarettes a day do you smoke? 6-10

Allergies N.K.D.A.

Hospitalization/Major Diagnostic Procedure No Hospitalization History.

Review of Systems

All Other Systems:

Review of Systems (ROS) The 14-point ROS were all negative else than what mentioned in the HPI... (35 yo M) Acc No. 13886 DOS: 02/16/2022

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

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- 1. Anasarca R60.1 (Primary)
- 2. Accelerated essential hypertension I10
- 3. Anxiety F41.9
- 4. Vitamin D deficiency E55.9
- 5. Elevated liver enzymes R74.8
- 6. Elevated alkaline phosphatase level R74.8
- 7. Constipation, unspecified constipation type K59.00
- 8. BMI 30.0-30.9,adult Z68.30
- 9. Abdominal distention R14.0
- 10. Lower extremity edema R60.0
- Alcohol dependence with unspecified alcohol-induced disorder F10.29
- 12. Alcohol abuse counseling and surveillance Z71.41

Trestment

1. Anasarca

Stop Coreg Tablet, 3.125 MG, 1 tablet with food, Orally, Twice a day Start cloNiDine HCl Tablet, 0.1 MG, 1 tablet, Orally, bid, 30 day(s), 60 Tablet, Refills 1, Notes to Pharmacist: dc coreg Start Senna-Docusate Sodium Tablet, 8.6-50 MG, 2 tablet in the evening as needed, Orally, Once a day, 30 day(s), 60 Tablet, Refills 1 Start Ondansetron HCl Tablet, 4 MG, 1 tablet, Orally, Once a day, 30 day(s), 30, Refills 0

2. BMI 30.0-30.9,adult LAB: Hemoglobin A1c

3. Others

Notes:

- -Medications reconciled.
- -Lab work from 11/2021 was reviewed during the visit, which showed elevated alkaline phosphatase, elevated ALT and AST, low vitamin D, elevated TIBC.
- -His blood pressure today appears to be mildly elevated at 165/117 mmHg.
- -We will switch him from Coreg to Catapres.
- -Discussed that he can take the Propranolol.
- -Patient was counseled extensively against alcohol use and patient and patient was encouraged to follow-up with psych for help and counseling. Patient understands very well the risk of her continue to drink alcohol on her health.
- -He has gained about 19 pounds since his last clinic visit.
- -We will do lab work. Discussed that depending on the lab work we will start him on a water pill. Discussed that if his blood work is worse, he needs to go to the hospital.

Progress Note: FARAM K. SALEM, MD | Gt/86/aG4A

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(35 yo M) Acc No. 13886 DOS: 02/16/2022

- -Discussed that he is at high risk of liver cirrhosis.
- -For constipation, we will start him on a new medication.
- -Provided work note stating that he is completely unable to work.
- -We will do lab work including hemoglobin Atc.
- -Completed blood work today.
- -Provided medication refills.

Clinical Notes:

Time spent with patient on counseling, education and care, including assessment, discussion and treatment, reviewing all recent labs and radiology and medical records personally, and coordinating care with staff was 50 mins.

Scribed for Dr. Farah Salem by G. Bindhiya, Scribe.

I, Dr. Farah Salem, personally performed the services described in this documentation, as scribed in my presence, and it is both accurate and complete.

Proceedure Codes 36415 VENIPUNCT, ROUTINE* G8427 DOC MEDS VERIFIED W/PT OR RE

Follow Up 4 Weeks



Electronically signed by FARAH SALEM , M.D. on 11/02/2023 at 02:50 PM EBY

Sign off status: Pending

Salow Medical PC 28111 Hoover Rd. Salto 5A Warrow, Mi 480434153 Teli 586-578-9806 Fax: 586-578-9806

Progress Note: FARANK SALEM, MD 00/36/2000

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(35 yo M) Acc No. 13886 DOS: 01/12/2022

FRHAK STEEM, MID. I Doorse Medicine

REIFF, DANIEL

03/12/2022

Progress Notes: FARAH K SALEM, MU

Current Madications

Taking

- SEROquel 25 MG Tablet 1 tablet at bedtime Orally Once a day
 Lisinopril 20 MG Tablet 1 tablet Orally
- Once a day
- Methadone HCl 10 MG Tablet as directed Orally Once a day, Notes to Pharmacist: pt takes 180 mg
- Gabapentin 400 MG Capsule 1 capsule Orally Once a day
- hydrOXYzine HCl 10 MG Tablet as directed Orally
- Mirtazapine 30 MG Tablet 1 tablet at bedtime Orally Once a day Medication List reviewed and reconciled with the patient

Fast Mosical History

Hypertension. Anxiety. Depression. Bipolar disorder. Legally blinf. Kidney problems.

Review of Systems

All Other Systems:

Review of Systems (ROS) The 14-point ROS were all negative else than what mentioned in the HPL.

Asses for Appointment 1. BP recheck

History of Procent Illnood

Constitutional:

Denies : Dizziness. Denies : Fever. Denies: SOB. Denies: chest pain. Denies: vomiting. Denies: Abdominal Pain. Denies: Frequent Urination.

Denies: Ankle or Leg Swelling. Denies : cough. Denies: diarrhea. Denies: constipation.

The patient is a 33-year-old male presenting today for a follow-up. He was last seen on 11/09/2021. He has a medical history of hypertension, anxiety, depression, and bipolar disorder. The patient monitors his blood pressure regularly at home. He is on lisinopril for high blood pressure. He complains of having chest pain yesterday. He denies shortness of breath. The patient admits drinking alcohol regularly.

Temp: 97.1 F, HR: 305 /min, BP: 365/94 mm Hg, Wt: 192 lbs, BMI: 27.35 Index, Ht-cm: 177.8 cm, Oxygen sat: 98 %, Wt-kg: 87.09 kg.

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General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender,

Progress Note: FARAH K SALESI, MD - 03/12/2022

BEAU ANALOGY CON ACTION OF ACTION ASSETS FOR PROFESSION AND ACTION AND ACTION

(35 yo M) Acc No. 13886 DOS: 01/12/2022

nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

akoomaaxaah

- 1. Tachycardia Roo.o
- 2. Accelerated essential hypertension I10
- 3. Anxiety F41.9
- 4. Elevated alkaline phosphatase level R74.8
- 5. Elevated liver enzymes R74.8
- 6. Vitamin D deficiency E55.9
- 7. Alcohol dependence with unspecified alcohol-induced disorder F10.29
- 8. Alcohol abuse counseling and surveillance Z71.41
- 9. Chest pain, unspecified type Ro7.9

Treatment

Accelerated essential hypertension

Refill Lisinopril Tablet, 20 MG, 1 tablet, Orally, twice a day, 90 days, 180 Tablet, Refills o

IMAGING: Echocardiogram

2. Elevated liver enzymes

IMAGING: Ultrasound: Abdomen

Referral To; SEINA FARSHADSEFAT Gastroenterology Reason:

3. Vitamin D deficiency

Start Ergocalciferol Capsule, 50000 UNIT, 1 capsule, Orally, ONCE/WK, 90 days, 15 CAPSULES, Refills 0
Start Coreg Tablet, 3.125 MG, 1 tablet with food, Orally, Twice a day, 30

Start Coreg Tablet, 3.125 MG, I tablet with 1660, Orally, Twice a day, 30 day(s), 60, Refills 2

4. Chest pain, unspecified type

IMAGING: Echocardiogram

5. Others

Notes:

- Medications reconciled.
- -Lab work from 11/2021 was reviewed during the visit, which showed elevated alkaline phosphatase, elevated ALT and AST, low vitamin D, elevated TIBC.
- -Discussed that his high blood pressure may be related to anxiety.
- -For high blood pressure, prescribed Coreg, to take twice a day.
- -Increased lisinopril to twice a day from once a day.
- -His blood pressure today appears to be mildly elevated at 165/94 mmHg.
- -I did EKG in the clinic today and reviewed the finding.
- -Discussed that his elevated liver enzymes may be related to alcohol abuse and hepatitis C.
- -We will order ultrasound of the liver to rule out any abnormalities.
- -We will refer her to liver specialist for further evaluation.
- -Patient was counseled extensively against alcohol use and patient was counseled extensively regarding alcohol cessation information were given for AA program and patient was encouraged to follow-up with psych for help

Progress Note: PARATI K SALESI, MD | 01/12/4032

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(35 yo M) Acc No. 13886 DOS: 01/12/2022

and counseling. Patient understands very well the risk of her continue to drink alcohol on her health.

-Advised to talk to his psychiatry regarding alcohol abuse. He was instructed to quit alcohol as soon as possible.

Clinical Notes:

Time spent with patient on counseling, education and care, including assessment, discussion and treatment, reviewing all recent labs and radiology and medical records personally, and coordinating care with staff was 50 mins.

Scribed for Dr. Farah Salem by G. Bindhiya, Scribe.

I, Dr. Farah Salem, personally performed the services described in this documentation, as scribed in my presence, and it is both accurate and complete.

সংকল্পর্যাক ©কর্মান্ত G8427 DOC MEDS VERIFIED W/PT OR RE

Pattow Up

3 Months, print GI referral, echocardiogram, ultrasound of abdomen

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Electronically signed by FARAH SALEM, M.D. on 11/02/2023 at 02:30 FM EIV

Sign off status: Pending

Salem Medical FC 28111 Houver Kd. Suite 3A Warren, MI 480034163 Tele 286-978-0506 Fax: 3N6-978-0806

Progress Note: FARAH K SALEM, MD 01/12/2022

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This Progress Notes documentation is IN PROGRESS

REIFF, DANIEL DOB:

(35 yo M) Acc No. 13886 DOS: 11/09/2021



REIFF, DANIEL

33/09/2021

Progress Notes: FARAH K SALEM, MID

Current Medications

Taking

- Methadone HCl 10 MG Tablet as directed Orally Once a day, Notes to Pharmacist: pt takes 180 mg
- Gabapentin 400 MG Capsule 1 capsule Orally Once a day
- hydrOXYzine HCl 10 MG Tablet as directed Orally
- Mirtazapine 30 MG Tablet 1 tablet at bedtime Orally Once a day
- Lishopril to MG Tablet 1 tablet Orally twice a day
 Mulication List regional and recognited.

Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension. Anxiety. Depression. Bipolar disorder. Legally blinf. Kidney problems.

Surgicul History

ocular removal 4-2-2021 reconstructive surgery (skull) 6/2021

Family History

Father: alive, heart disease and anxiety, diagnosed with Hypertension Mother: alive, diagnosed with Hypertension 2 sister(s) - healthy. 2 son(s) - healthy.

Social History

Tobacco Use: Tobacco Use/Smoking Are you a current smoker How often do you smoke cigarettes? every day

How many cigarettes a day do you smoke? 6-10

Drugs/Alcohol:

Do you smoke marijuans?: Admits, successfully recovering. Clean since beginning 2021. Do you drink alcohol?: Moderate. Resson for Appointment

1. Establish Care

History of Present Illness

Constitutional:

Denies : Dizziness.
Denies : Fever.
Denies : SOB.
Denies : chest pain.
Denies : yomiting.
Denies : Abdominal Pain.

Denies : Abdominai Pain. Denies : Frequent Urination. Denies : Ankle or Leg Swelling.

Denies : cough. Denies : diarrhea. Denies : constipation.

The patient is a 33-year-old male presenting today to establish primary care. His last visit with his PCP was months ago. He has a medical history of hypertension, anxiety, depression, and bipolar disorder. He is following up with his psychiatrist regularly for depression and bipolar disorder. He sustained a fall years ago and injured his back. He complains of having pain since then. He is taking gabapentin for pain with minimal benefit.

Vital Sians

Temp: 97.1 F, HR: 78 /min, BP: 156/89 mm Hg, Wt: 192 lbs, BMI: 27.533 Index, Ht-cm: 177.8 cm, Oxygen sat: 99 %, Ht: 5'10", Wt-kg: 87.09 kg.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender,

Fragous Nobel FARAN K SALEM, MD 44/09/4644

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REIFF, DANIEL DOB:

(35 yo M) Acc No. 13886 DOS: 11/09/2021

Allergien N.K.D.A.

Hospitalization/Major Diagnostic Freedure No Hospitalization History.

Review of Systems

All Other Systems:

Review of Systems (ROS) The 14-point ROS were all negative else than what mentioned in the HPL.. nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Associamenta

- 1. Encounter for general adult medical examination with abnormal findings Zoo.o1 (Primary)
- 2. Encounter to establish care Z76.89
- 3. Accelerated essential hypertension I10
- 4. BMI 27.0-27.9, adult Z68.27
- 5. Anxiety F41.9
- Depression, unspecified depression type F32.A
- 7. Screening for STD (sexually transmitted disease) Z11.3
- 8. Low back pain, unspecified back pain laterality, unspecified chronicity, unspecified whether sciatica present M54.50

Treatment

1. Encounter to establish care

Refill Lisinopril Tablet, 20 MG, 1 tablet, Orally, Once a day, 90 days, 90, Refills 1

2. Low back pain, unspecified back pain laterality, unspecified chronicity, unspecified whether sciatica present

IMAGING: X ray: Thoracolumbar

Referral To:Beaumont Center for Pain Medicine Grosse Pointe Beaumont MI Pain Medicine

Reason:back pain

3. Others

Notes:

- Medications reconciled.
- -His blood pressure today appears to be mildly elevated at 156/89 mmHg.
- -Increased lisinopril to 20 mg once a day for high blood pressure.
- -We will order x-ray of the thoracolumbar spine to rule out any abnormalities
- -We will refer her to pain surgeon for management of her pain.

Clinical Notes:

Time spent with patient on counseling, education and care, including assessment, discussion and treatment, reviewing all recent labs and radiology and medical records personally, and coordinating care with staff was 50 mins.

Scribed for Dr. Farah Salem by G. Bindhiya, Scribe.

I, Dr. Farah Salem, personally performed the services described in this documentation, as scribed in my presence, and it is both accurate and complete.

Procedure Codes

G8427 DOC MEDS VERIFIED W/PT OR RE

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4 Months, print x-ray of back, pain management referral

Fragress Nobel FARAN K SALEM, MD - 11/09/2011

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REIFF, DANIEL DOB:	(35 yo M) Acc No. 13886 DOS: 11/09/2021
	Electronically signed by FARAH SALEM, M.D. on 11/02/2023 at 02:50 PM EDT Sign off status: Fending
	Selou Modical PC 28721 Huover Rd. Suito 3A Warren, MI 48043,4283 Tei: 380-378-9846
	Fax: 506-578-9806

Program Note: FARAH K SALEM, MD 11/09/2021

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This Progress Notes documentation is IN PROGRESS

REIFF, DANIEL DOB:

[33 yo M) Acc No. 13886

041



Salem Medical PC

2811 Hicover Rd. Suite 5A Warren Mr 486934153 Ph: 586-578-9806 Fax:586-578-9806

	Tobacco Contr	rol	
Name: DANIEL REIFF	Date: 11/09/2021]	
Are you a			
Courrent smoker			
former smoker			
nonsmoker			
Current every day smoker			
Current some day smoker			
Smoker current status unknown			
unknown if ever smoked			
ight tobacco smoker			
heavy tobacco smoker			
"Uses tobacco in other forms			
Il 'current smoker' : How often do you smoke	cigarettes?		
₽ every day			
Some days, but not every day			
ff 'current smoker' : How many cigarettes a d	lay do you smoke?		
₹ 5 or less			
17 6-10			
[11-20			
7 21-30			
1 31 or more			
ff 'current smoker' . How soon after you wake	up do you smoke your first digarette?		
Tiwithin 5 minutés			
6-30 minutes			
1 31 60 minutes			
Tafter 60 minutes			

REIFF, DANIE 200 1:23-cv-10513-i35W-KGA-E-ECF-NS: 46-3, Pade 1072028 FAFIled 2021-11-4 12.399 45 of 51 This Progress Notes documentation is IN PROGRESS

REIFF, DANIEL DOB:

13 yo M) Acc No. 13886

If 'current smoker' . Are you interested in quitting?						
Fleady to quit						
Thinking about quitting						
™Not ready to cuit						
Additional Findings: Tobacco User						
Chain smoker						
Chews fine cut tobacco						
Chews loose leaf tobacco						
Chews plug tobacco						
Chews tobacco						
Chews twist tobacco						
Heavy digarette smoker (20-39 diga/day)						
Light digarette smoker ((1.9 digs/day)						
Moderate digarette smoker (10-19 digs/day)						
T Pipe smoker						
Rolls own agarettes						
Sruff user					7. 0	
Trivial digarette smoker (less than one digarette/day)						
User of moist powdered tobacco						
"Very heavy digarette smoker (40+digs/day)						
Additional Findings: Tobacco Non-User						
Aggressive non-smoker						
Current non-smoker						
Current non-smoker, but past smoking history unknown		=				
Does not use moist powdered to baces	2.5					
Ex-cigar smoker						
Ex-cigaretie smoker						
Ex-cigarette smoker amount unknown						
Ex-heavy digarette smoker (20°30/day)						
Ex-light cigarette smoker (1-9/day)						
Ex-moderate digarette smoker (10-19/day)			4.0			
Ex-pipe smaker						
Ex-trivial cigarette smoker (<t day)<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th></t>						

REIFF, DANIE 2006: 23-cv-10513-151N-KGA FOR ECET NO. 13886 Box, Name: 1012029 PAFILED 00/13/24 1 Page 46 of 51 This Progress Notes documentation is IN PROGRESS

(33 yo M) Acc No. 13886

REIFF, DANIEL DOB:

Ex-user of moist powdered tobacco					
Ex-very heavy digarette smoker (40+/day)					
Intolerant ex-smoker			2.12.		
Intolerant non-smoker					
Never chewed tobacco					
Never used maist powdered tobacco		 			
Mon-smoker for medical reasons			X		
Mon-smoker for personal reasors			X 1		
Non-smoker for religious reasons					
Tolerant ex-smoker					
Tolerant ron-smoker					
	and the second second				

Pane and By eClinical Stocks LLC.

Salem Medical P 28111 Hoover R Tel: 586-578-96	d. Suite 5A \	CONSTRUCTION OF THE PROPERTY O		153						F	ARAH I Inter		EM, MD edicine
Patient: DOB: Address: Phone:	REIFF, DANIÉ	EL						oute and a second		and and a second a		11/02	2/2023
Ordered Date: Assessments: Lab: Fasting: Specimen: Clinical Info:	02/16/2022 BM1 30:0-30 Hemoglobin No		58.30										
Name Hemoglobin A1c Result: Received Date: Notes:		,	/alue					Refe	rence	Range	•		
nores.	Patie	ent Nam	ne: REI	FF, C	ANIE	L,C	OB:	sonices announced	cics describes sense	ninnonococica a	obeendadoonnaa.	skesonkennekon	adamananananista
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Salem Medical F 28111 Hoover R Tel: 586-578-96	d. Suite			934153						F	ARAH I Inter	0,0000000000000000000000000000000000000	M, MD dicine
Patient: DOB: Address: Phone:	REIFF, E	DANTEL										11/02	/2023
Ordered Date: Assessments: DI: Fasting: Specimen: Clinical Info:		2023 ated essentia irdiogram	il hyperte	nsion - 110,	Abnorn	hal EKC	3 - R94.	31					
Name Result: Received Date:			Value				Re	ference	Rang	e			
Notes:	F	Patient N	lame:	REIFF, C	ANIE	L,C	OOB:	Sulfate Sulfat		**	•••		••••••
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	C d. Suite 5A Warren, MI 480 06 Fax: 586-578-9806	9934153			and the second second	SALEM, MD nal Medicine		
Patient: DOB; Address: Phone:	REIFF, DANIÉL					11/02/2023		
Ordered Date: Assessments: DI: Fasting: Specimen: Clinical Info:	01/12/2022 Elevated liver enzymes - R74 Ultrasound : Abdomen No	. 8						
Name Result: Received Date: Notes:	Value		Refer	ence Range				
	Patient Name:	REIFF, DANIEL ,	DOB:					

161. 366-376-366	6 Fax: 586-578-9806	Internal Medicine
Patient: DOB; Address: Phone:	REIFF, DANIEL	11/02/2023
DI:	01/12/2022 Accelerated essential hypertension - I10, Chest pain, anspecified type - R07.9 Echocardiogram No	
Name Result: Received Date: Notes:	Value Reference Range	

1	FARAH K SALEM, MI d. Suite 5A Warren, MI 480934153 Internal Medicino 06 Fax: 586-578-9806
Patient: DOB; Address: Phone:	REIFF, DANIEL 11/02/2023
Ordered Date: Assessments: DI:	11/09/2021 Low back pain, unspecified back pain faterality, unspecified chronicity, unspecified whether scratica present - M54.50 X ray: Thoracolumbar
Fasting: Specimen: Clinical Info:	No.
Name Result: Received Date: Notes:	Value Reference Range

Patient Name: REIFF, DANIEL , DOB: